| · | | | | | | |
|--|--|----------------------------------|-------------------|-------------|---------------|--|
| EXECUTIVE L | A. tive Lobb | SU Dylst Registration No. | | | | |
| _ | |), QUE FEE | IRUARY 15 | | | FOR OFFICE USE ONLY Postmark Date (IL) (IC) ER (UB) (IL) |
| | | Randy | | | | 0000049 |
| 1, Name Hux | | First | | М1 — | _ | 3060619 |
| Last | | Breaux Br | idge, Louisi | iana 709 | 517 | |
| 2. Business Address. | | Gily | | | | |
| Mailing Address_ | Street and No. Same as above | | | | | |
| 3. Business Phone _ | (225) 229-3845 | elephone Number | | | | |
| (include expendit | tive lobbying expenditure tures from Schedules A and ative lobbying expenditure | s m ade July 1 throug | gh December 31: | | | |
| 6. Total of all execu | le) (Include expenditures fr itive lobbyling expenditure line 5 should equal Line 6) | | | 5_0.00 | | |
| 7. Did you make ar | expenditure exceeding \$ | 50 on one occasion f | or an exacutive b | anch offici | al: | |
| From January 1 From July 1 th | through June 30? rough December 31? | Yes 🔲 | No Na | | NA 🗖 | |
| If the answer to | either question in Numb | er 7 above is YES, co | mplete Schedule | A and attac | ħ. | |
| 8. Did you make s | xpenditures exceeding the | sum of \$250 for an | | | | |
| From January 1 From July 1 thn | through lune 30? ough December 31? | Yes 🗀 Yes 🗀 | No Na | _ | NA 🔀 | í |
| | either questlon in Numb | er 8 above is YES, co | mplete Schedule : | A and attac | h. | |
| 9. Did you expens officials were in | d funds for any reception, whited during this reportin | secial gathering, or one period? | other function to | which more | e tinan tyuar | nty-five executive branch |
| | Y | s 🗖 | No 🗹 | | | |
| if the answer to | o Number 9 above is YES, | complete Schedule | B and attach. | | | |
| Ferm 507, | Rev. 7/04 | Pag | e 1 of <u>3</u> _ | | | |
| raxin JV), | PARTY NATIONAL | | | | | |

EXECUTIVE LOBBYING EXPENDITURE REPORT

Executive Lobbyist Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - Occamber 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department. a. Name of Department: N/A b. Total of all expenditures made January 1 through June 30: c. Total of all expenditures made July 1 through December 31: (Vitnen applicable) d. Total of all expenditures made during the calendar year: a. Name of Department: N/A b. Total of all expenditures made lanuary 1 through June 30: c. Total of all expenditures made July 1 through December 31: (When applicable) d. Total of all expenditures made during the calendar year. e. Name of Department: ____ b. Total of all expenditures made January 1 through June 30: c. Total of all expenditures made July 1 through December 31; (When applicable) d. Total of all expenditures made during the calendar year: 11. PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the agency. s. Name of Department and Individual Agency: N/A Total of all expenditures made January 1 through June 30; c. Total of all expenditures made July 1 through December 31: (When applicable)

d. Total of all expenditures made during the calendar year:

| -, | a. Name or Department and Individual Agency: | · |
|----|---|-----------|
| | b. Total of all expenditures made January 1 through June 30: | \$ |
| | Total of all expenditures made July 1 through December 31: (When applicable) | \$ |
| | d. Total of all expenditures made during the calendar year: | 3 |
| 3) | a. Name of Department and Individual Agency: N/A | |
| | b. Total of all expenditures made January 1 through June 30: | s |
| | C. Total of all expenditures made July 1 through December 31: (When applicable) | s |
| | d. Total of all expenditures made during the calendar year: | \$ |

NI/a

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49.71 pt seq. has been deliberately omitted.

Signature of Lobbyist